

Request for Name Change on Mechanical Contractor License**131/700116**

Michigan Department of Energy, Labor & Economic Growth

Bureau of Construction Codes / Mechanical Division

P.O. Box 30255, Lansing, MI 48909

517-241-9325

www.michigan.gov/bcc

License Fee: \$30.00 (131)**Construction Lien Fund Fee:** \$10.00 (700116)

Authority: 1984 PA 192 Completion: Mandatory Penalty: License will not be issued	DELEG is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
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Instructions:

- Complete and sign application. Type or print in ink.
- **Your signature must be notarized.**
- Your original pocket and wall license must accompany this request.
- If you are changing your company name you shall pay the \$10.00 Homeowner Construction Lien Recovery Fund fee required under 1980 PA 497, the Construction Lien Act.
- PA 236 of 1996, as amended, requires an applicant to include his or her social security number. However, a requirement under this section to include a social security number on an application does not apply to an applicant who demonstrates he or she is exempt under law from obtaining a social security number or to an applicant who for religious convictions is exempt under law from disclosure of his or her social security number under these circumstances.
- Enclose a check for **\$40.00** made payable to the **State of Michigan**.
- Mail completed application, required documents and payment to the address listed above.

Current Information			LICENSE NUMBER
NAME			SOCIAL SECURITY NUMBER*
ADDRESS			DATE OF BIRTH
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)

Requested Name Change

NAME			
ADDRESS			
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)

Except for sole proprietors, **all of the following applicable supporting documents must be attached to this application.** Please indicate documents that are being submitted.

- ☐ Copy of D.B.A.
☐ A completed copy of the article of incorporation/organization
☐ Certified copy of certificate of co-partnership
☐ Employees verification of employment

Certification and Signature

I hereby certify the above information is true and accurate to the best of my knowledge.		Subscribed and sworn before me, this _____ day of _____, 20____, a Notary Public in and for _____ County, Michigan. Signature of Notary Public _____ My Commission expires: _____, 20____.
SIGNATURE	DATE	

*This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.